

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			10-1-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
- (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date
Final	Original
1	7/24/01
2	0
3	
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5	✓
6	✓
7	0
8	0
9	✓
10	0
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14	✓
15	✓
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Claim	Date
Final	Original
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here